

Foster Family Home - Corrective Action Report

Provider ID: 1-180088

Home Name: Jenevallen Manera, NA

94-1162 Nalii Street

Waipahu HI 96797

Review ID: 1-180088-1

Reviewer: David Ayling

Begin Date: 1/2/2019

Foster Family Home

Required Certificate

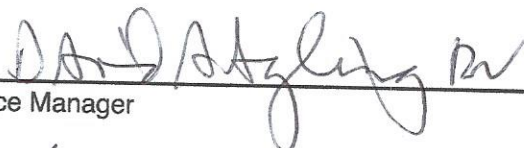
[11-800-6]

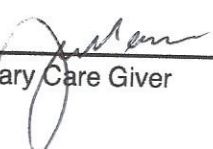
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a new 2 person CCFFH certification review made on 1/2/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

1/2/19
Date

1-2-19
Date